

FCE's: The Good The Bad The Ugly

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FUNCTIONAL CAPACITY EVALUATIONS (FCE)

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ATI Workers' Compensation Services



- Rehabilitation: PT/OT (Hand Therapy)
- F.I.R.S.T. (Functional Integration of Rehabilitative & Strength Training) = Work Conditioning/Work Hardening
- **Functional Capacity Evaluations (FCE)**

Our comprehensive services meet the needs of the injured worker from beginning to end

Defining an FCE

- Functional Capacity Evaluation
- Series of tests, set up in such a way to determine the individual's functional capabilities at that point in time
- Designed to “assess” not to educate, treat, or diagnose
- A legally defensible document assessing an individual's functional capabilities at that point in time. It provides information on:
 - Reliability/Consistency of Effort
 - Activity tolerances
 - Physical Demand Level (PDL)
 - Appropriate Recommendations specific to the injury/diagnosis and occupation

When is an FCE Appropriate?

FCE provides an opportunity for **case closure**:

- At completion of all treatment and MMI is reached
- To determine RTW status and if restrictions are needed
- To determine validity of effort/reliability of complaints
- Upon request: MD, NCM, Attorney, ADJ, Employer

Different FCE Testing “Systems”

Matheson

Isernhagen

Key

Workwell

Blankenship

BTE

ARCON

FCE Evaluator Credentialing

Physical Therapist (can be good, but can also be bad due to subjective impressions and wanting to diagnose)

Occupational Therapist (can be good, sometimes bad)

MS Certified/Licensed Athletic Trainer (better chance of being good with focus on objectivity and not subjective opinions)

MS Exercise Physiologist/Kinesiologist (better chance of being good)

This can be debated with reasonable arguments supporting each professional designation

Why the ARCON or BTE Method for FCE's?

- Data collection is through computer interface (allows for force-time curves, peak force, average force, trends with curves)
- Not manual force-load cells, Jamar hand dynamometer, or manual heart rate collection
- Enhanced objective data collection and not relying on subjectivity
- Actual test protocols for positional tolerance activities (Methods Time Measurement) that is objective and not subjective based on observations and educated guessing
- Physical demands are classified as Occasional, Frequent, or Constant abilities with objective criteria to confirm abilities
- Better defensibility

Benefits of the ARCON or BTE Method

- ^ Standardized Protocols
- ^ Consistency/Reliability of Effort Determination (COV, REG, HR, IHSC)
- ^ Objective testing not influenced by subjective complaints
- ^ Continuous Heart Rate Monitoring
- ^ Predictable and Defensible
- ^ Report presentation
- ^ Digital pictures

How does ARCON and BTE determine **RELIABILITY** of effort?

- Wireless Heart Rate Monitoring
- Hand Dynamometer/Grip Strength/Rapid Exchange
- Static Strength testing/repeated testing (COV)/horizontal strength changes
- Continuous Heart rate monitoring with all testing
- Observations or motion discrepancies confirmed with digital pictures included in report
- Behavioral discrepancies in relation to pain complaints

FCE EDUCATIONAL TRAINING

Equipment Manufacturer Certification

(most companies offer this)

VS.

Non-Specific FCE Educational Training

(unbiased towards any specific company)

STATIC STRENGTH TESTING

Floor Lift vs H Floor Lift



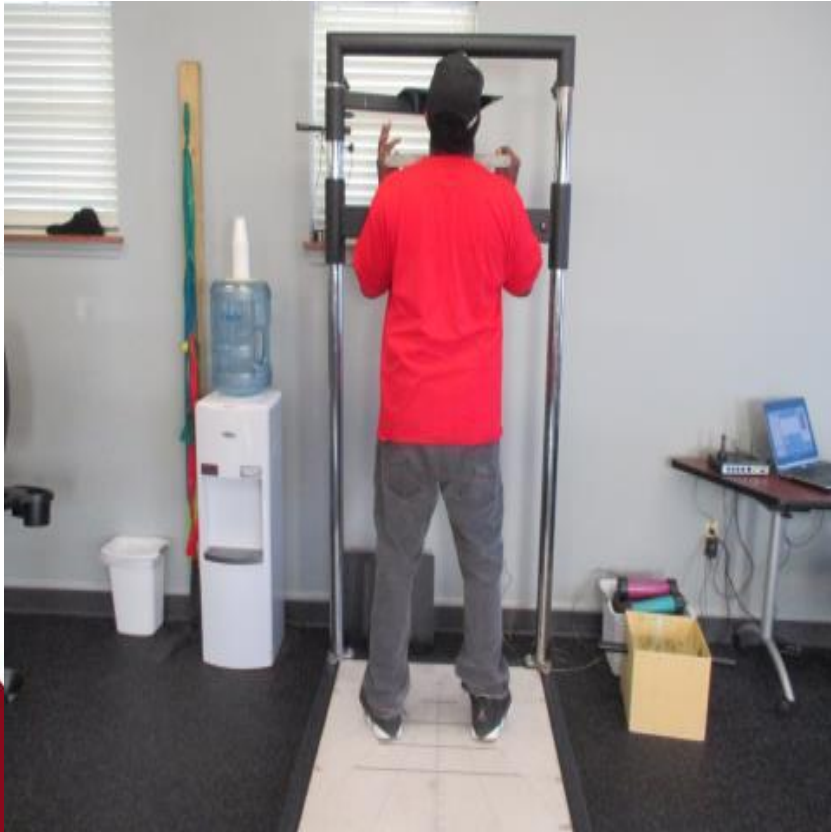
STATIC STRENGTH TESTING

Torso Lift vs H Torso Lift



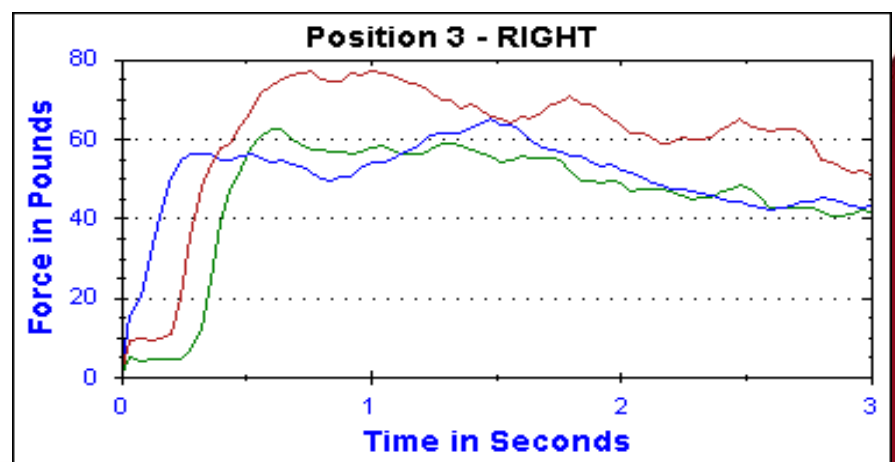
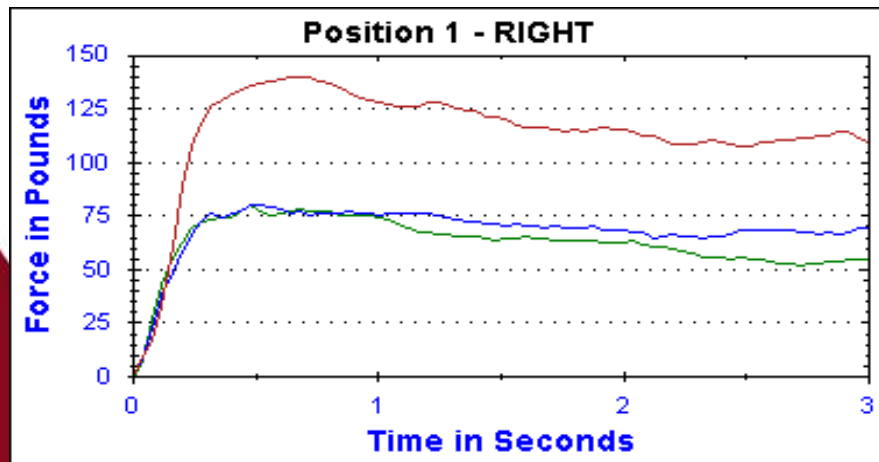
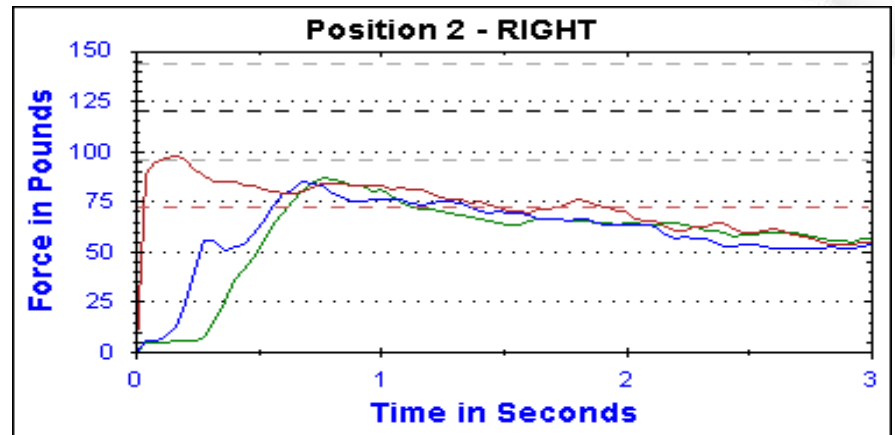
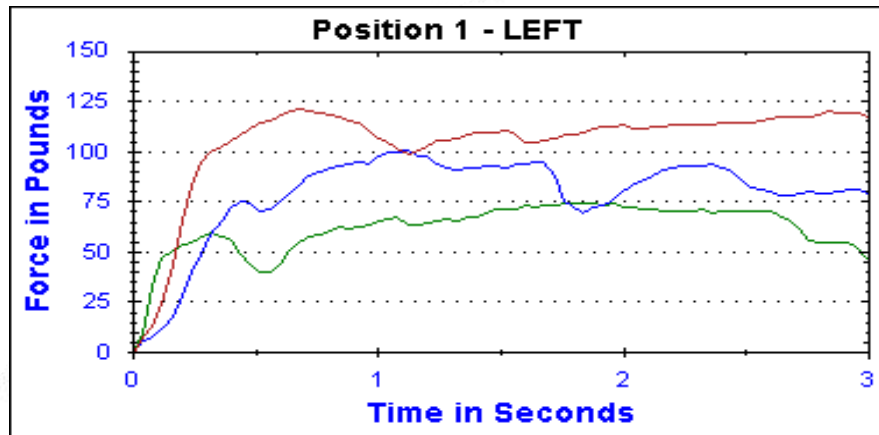
STATIC STRENGTH TESTING

High Near Lift vs H High Near Lift



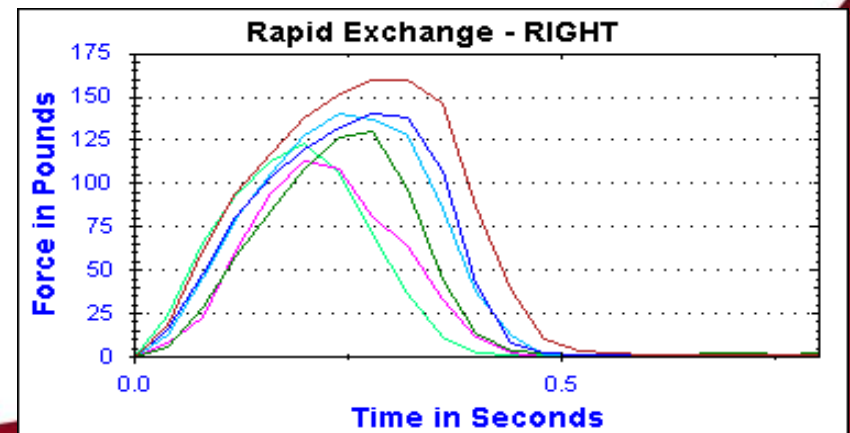
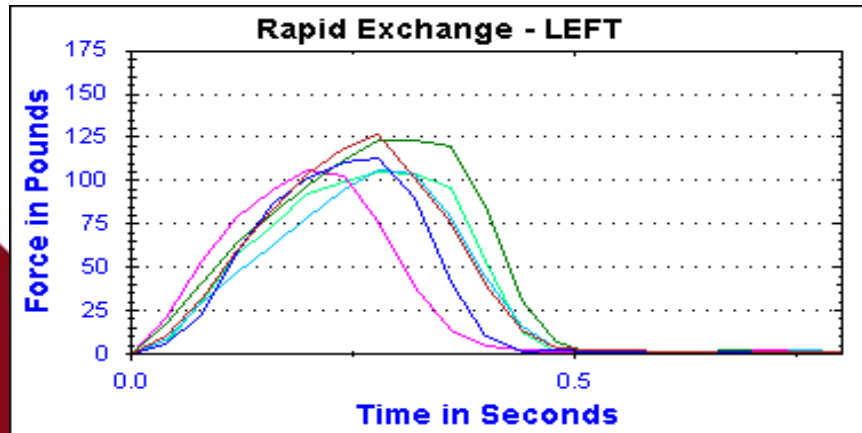
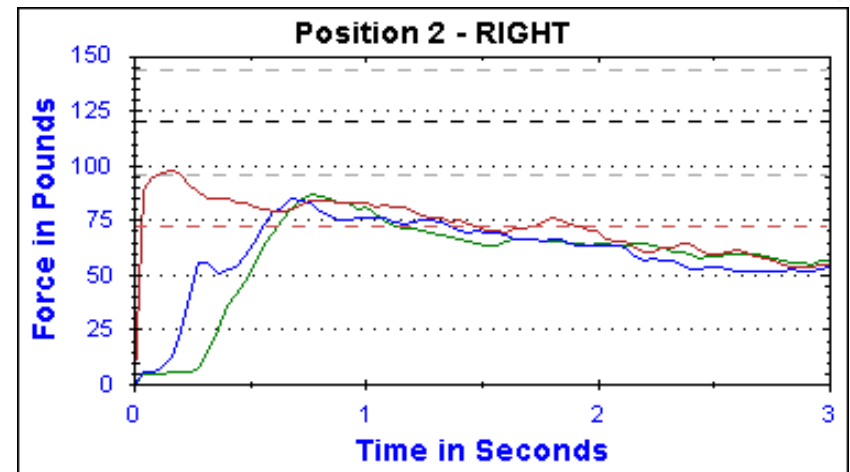
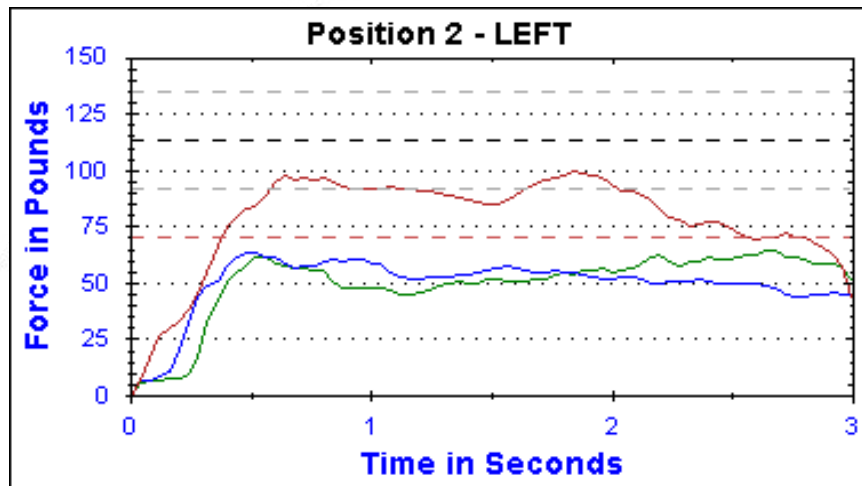
GRIP STRENGTH

Force-Time Curves



GRIP STRENGTH

Rapid Exchange vs Maximal Effort



Questions an FCE can answer

- Are the demonstrated results of physical testing reliable/consistent? If not, what are examples of inconsistencies?
- Is the client capable of performing their regular job duties?
If not, what are the restrictions related to the injury?
- What are the demonstrated tolerances, measures of function as defined in Dept. of Labor terminology or compared to a formal job description?

The Good, The Bad, The Ugly

GOOD FCE's – determine consistency of effort and reliability of results; if consistent, compare to physical demands of job at the time of injury or alternative job being offered; if job demands are not met, recommend appropriate restrictions related to injury and specific job. Reliability can be verified objectively. FCE report is clear and concise to all parties involved.

BAD FCE's – have minimal consistency measurements (grip strength is commonly the only objective consistency measurement to confirm reliability of effort and results). Do not compare to specific job demands of job duties at time of injury, or alternate jobs being offered. Reliability of results cannot be verified objectively. FCE report may be difficult to read and interpret.

UGLY FCE's – no objective consistency measurements to verify level of effort; physical abilities rely on subjective complaints from patient; report is very difficult to read and decipher; recommendations are not specific to injury being evaluated (i.e.. UE restrictions for LE injury).

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Thank you!

Questions and Discussion